



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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FILING GUIDANCE NOTICE 2025-F

TO: Commercial Health Insurers; Blue Cross Blue Shield of Massachusetts, Inc.; and Health Maintenance Organizations Offering or Renewing Insured Health Products in Massachusetts (“Carriers”) subject to M.G.L. c. 176O

FROM: Kevin P. Beagan, Deputy Commissioner, Health Care Access Bureau

DATE: March 4, 2025

RE: Coverage for Opioid Antagonists and Substance Use Recovery Coaches Pursuant to Chapter 285 of the Acts of 2024

The Division of Insurance (“Division”) distributes this Filing Guidance Notice 2025-F to inform insured health carriers (“Carriers”) regarding the filing requirements associated with Chapter 285 of the Acts of 2024 (“Chapter 285”), which add M.G.L. c. 175, §§47AAA and 47BBB; M.G.L. c. 176A, §§8BBB and 8CCC; M.G.L. c. 176B, §§4BBB and 4CCC; M.G.L. c. 176G, §§4TT and 4UU; and which amend M.G.L. c. 175, §47KK; M.G.L. c. 176A, §8MM; M.G.L. c. 176B, §4MM; and M.G.L. c. 176G, §4EE. Note that this Filing Guidance Notice 2025-F identifies certain provisions that update what is described in Bulletin 2019-06.

As set forth in Section 46 of Chapter 285, the recovery coach provisions within M.G.L. c. 175, §47BBB; M.G.L. c. 176A, §8CCC; M.G.L. c. 176B, §4CCC; and M.G.L. c. 176G, §4UU are effective for all insured health plan contracts entered into, renewed, or amended on or after January 1, 2026. In accordance with Sections 45 and 47 of Chapter 285, all other applicable provisions of Chapter 285 are effective for “all contracts entered into, renewed or amended on or after July 1, 2025.”

Opioid Antagonists Coverage

Insured health plans that are “issued or renewed within the commonwealth¹ shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid antagonists shall not require prior authorization; and provided further, that a prescription from a health care practitioner shall not be required for coverage or reimbursement of opioid antagonists under this section. An opioid antagonist used in the reversal of overdoses caused by opioids shall not be subject to any

¹ The statutory changes in M.G.L. c. 176G, §4TT apply to coverage issued within or without the commonwealth.

deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.”

It is further noted that insured health plan coverage “shall provide coverage and reimbursement for an opioid antagonist used in the reversal of overdoses caused by opioids as a medical benefit when dispensed by the health care facility in which the opioid antagonist was prescribed or ordered and shall provide coverage as a pharmacy benefit for an opioid antagonist used in the reversal of overdoses caused by opioids dispensed by a pharmacist, including an opioid antagonist dispensed pursuant to section 19B of chapter 94C; provided, however, that the rate to be reimbursed under the medical benefit shall not exceed the carrier’s average in-network pharmacy benefit rate and the health care facility shall not balance bill the patient.”

Recovery Coaches

Insured health plans that are “issued or renewed within the commonwealth² shall provide coverage for the provision of services by a recovery coach licensed or otherwise authorized to practice under chapter 111J, regardless of the setting in which these services are provided; provided, however, that such services shall be within the lawful scope of practice of a recovery coach.”

It is further noted that “the contractual rate for these services shall be not less than the prevailing MassHealth rate for recovery coach services. The benefits in this section shall not be subject to any deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service. Recovery coach services shall not require prior authorization.”

Broad Spectrum of Pain Management

Insured health plans that are “issued, delivered or renewed within the commonwealth³ shall develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, non-medication, nonsurgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the division of insurance.”

It is further noted that “[n]o such policy, contract, agreement, plan or certificate of insurance shall, relative to pain management services identified by the carrier pursuant to subsection (a), require a member to obtain prior authorization for [covered] non-medication, nonsurgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage and movement therapies⁴.”

It is further noted that the plan developed “shall be subject to approval by the division of insurance

² The statutory changes in M.G.L. c. 176G, §4UU apply to coverage issued within or without the commonwealth.

³ The statutory changes in M.G.L. c. 176G, §4EE apply to coverage issued within or without the commonwealth.

⁴ This may include a variety of approaches that use movement to promote physical, mental, emotional, and spiritual well-being, such as yoga, Pilates, or dance.

and shall be a component of carrier accreditation by the division pursuant to section 2 of chapter 176O. In its review, the division shall consider the adequacy of access to a broad spectrum of pain management services and any carrier policies that may create unduly preferential coverage to prescribing opioids without other pain management modalities.”

It is further noted that insured health plans are not to “establish utilization controls, including prior authorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the United States Food and Drug Administration for the treatment or management of pain, that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.”

It is also noted that Carriers “shall annually distribute educational materials to providers within their networks and to members about the pain management access plans developed” and “shall make information about the plans publicly available on their websites.”

In reference to what was recorded in Bulletin 2019-06, this guidance clarifies that the plans that Carriers develop should include “non-medication, nonsurgical treatment modalities and non-opioid medication treatment options.” This guidance also updates the guidance in Bulletin 2019-06 to clarify that there shall be no prior authorization for those non-medication, nonsurgical treatment modalities and non-opioid treatment options that are identified in the plan for coverage by the Carrier as pain management services to serve as alternatives to opioid prescribing, including restorative therapies; behavioral health approaches; or integrative health therapies, including acupuncture, chiropractic treatments, massage, and movement therapies. Also, the guidance in Bulletin 2019-06 is updated to clarify that Carrier utilization controls for clinically appropriate non-opioid drugs shall not be more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug. Chapter 285 also amends M.G.L. c. 176O to annually require Carriers to disseminate educational materials about alternative treatments.

Filing Requirements

As required under 211 CMR 52.05(7), Carriers are to submit material change documents - including the Carrier’s Evidence of Coverage as described in 211 CMR 52.05(4)(i) and the list of non-medication, nonsurgical treatment modalities, and non-opioid medication treatment options that serve as alternatives to opioid prescribing for insured health coverage offered or renewed in Massachusetts. Using SERFF (the System for Electronic Rate and Form Filing), with the SERFF Project Name: Chapter 285 of the Acts of 2024, please forward all form filings that update the Evidences of Coverage and the lists of prescription drugs on file for your Carrier.

Carriers are expected to review and modify their utilization systems to be consistent with the provisions of Chapter 285, ensuring that they do not “require a member to obtain prior authorization for non-medication, nonsurgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage and movement therapies” that are covered by the plan and identified by the carrier as pain management services to serve as alternatives to opioid prescribing, and to verify that there are no “utilization controls, including prior authorization or step therapy

requirements, for clinically appropriate non-opioid drugs approved by the United States Food and Drug Administration for the treatment or management of pain, that are more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.”

For recovery coaches, Carriers are to review requests for the required services according to the medically necessary requirements identified in M.G.L. c. 176O and 211 CMR 52.00, including required review of utilization requests within statutory timeframes, notification of all utilization review decisions, and notification to members regarding their rights to internal and external appeals when there has been an adverse determination of a request for services. In order to comply with 211 CMR 52.05(7) for utilization management systems, please forward a signed certification that the Carrier will be in compliance with the July 1, 2025 and January 1, 2026 required dates for necessary utilization management procedures under Chapter 285.

As noted in 211 CMR 52.13(6), Carriers are required to provide “to at least one adult Insured in each household residing in Massachusetts, or in the case of a group policy, to the group representative, notice of all Material Changes to the Evidence of Coverage.” Carriers should forward via SERFF the document that will be used to explain the alternative treatment options.

If you have any questions about Filing Guidance Notice 2025-F, please contact Niels Puetthoff at Niels.Puetthoff@mass.gov.